



THE RUDDER

Sailings of the Medical Service CorpsVolume 7, Issue 4
April 2019

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FROM THE MSC DIRECTOR



Greeting MSCs,

tary Medicine it is the one word that best describes the here and now.

It's Spring and it's already time to start the process of Command and Milestone screening and slating. BUMEDNOTE 1412, the Application Procedures for 2020 Navy Medicine Command screening board, was recently signed and disseminated. Also signed was BUMEDINST 1412.1C, the Command Qualification Program. The goal of the slating process is to ensure that the most qualified officers are placed where needed, based on the specific requirements of each command. The opportunities for XO and CO are listed on Page 2 of the Note.

I would tell you there is always a place for leaders. There is always a time for Officers with character and conviction. If you are on the fence, put your package in. If you are absolutely sure you want you be in Command one day, there is only one way to do that and that is to compete and successfully complete a milestone billet.



Over the past three years that I have had the privilege to lead our Corps, I have seen a number of Officers screen and slate for Command and accept milestone billets. They have all been exceptional. Many of you are debating whether or not you should "jump in to the fray". While "fray" may not be the right word, with all the uncertainty and change that is facing Navy Medicine and Mili-

At the end of the day, the journey is a personal one, but I would hope that you talk with your mentors and family. I will leave you with a quote from Ronald Reagan that I have been using frequently in my change of command comments, "the future doesn't belong to the faint hearted, it belongs to the brave". Never is that more true than when facing the challenges of today. We, the Medical Service Corps, have the talented men and women to lead the way. Thank you for what you do every day.

#18

Newsletter Spotlight



RADM Terry Moulton and RDML Anne Swap joined by Naval Officers in attendance at LEAPS 2019. More on [page 16!](#)

Newsletter Editor

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LCDR A. Espiritu

LCDR N. Kelm

LT B. Tice

LT J. Wagner



FROM THE CORPS CHIEFS OFFICE

BRAVO ZULU SHIPMATES!

FY-20 Active Duty Navy Captain MSC Selections

Aboona Ziad Tariq	Barnes Eric Harold
Bonvie Joseph Leonard	Bristol Raymond M
Burke David Michael	Burke Gerald Francis
Callahan John Horace	Faber Bridgette M
Fairchild Gregory Ross	Freeman Dawn Marie
Geislinger Leah Yoo	Griesenbeck John
Hair Leslie Chris	Hicks Danielle V
Jenkins Joseph Sheldon	Klinski Angelica A
Logan Justin C	Mcmullen Kellie L
Melton John Lee	Morrison Robert C
Ojo Olaitan Fadeke	Owens Edward Hollis
Panke Randy Lee	Riggs Leslie Edward Jr
Rochino Duneley A	Schwartz Benjamin J
Teamer Hazelann K	Tolentino Dennis C
Weiner Matthew Andrew	White Lisa Allison

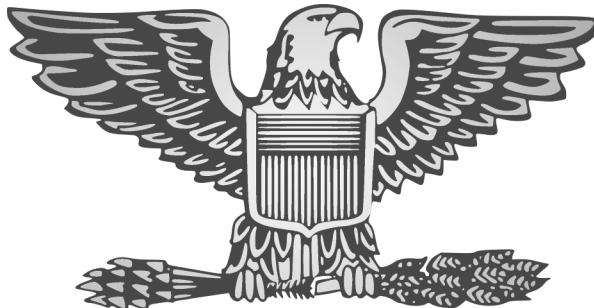
Overall Statistics

Desig	Above Zone			In Zone			Below Zone			Total	
	Elg	Sel	Pct	Elg	Sel	Pct	Elg	Sel	Pct	Sel	Pct
2300	92	9	9.78	52	22	42.31	90	0	0.00	31	59.62
Total	92	9	9.78	52	22	42.31	90	0	0.00	31	59.62

Click the link below for board preparation:

[Board Preparation](#)

<https://www.public.navy.mil/bupers-npc/boards/activedutyofficer/Pages/default.aspx>



BRAVO ZULU CAPT RIEGE!

FEDERAL HEALTH CARE EXECUTIVE AWARD
FOR EXCELLENCE NOMINATION FOR CY 2018



CAPT Valerie Riege, MSC was selected for the American Hospital Association (AHA) Executive Award for Excellence for 2018 as a result of her innovation, development of services and programs, and her positive and enduring impact to the military health enterprise. CAPT Riege has demonstrated exemplary leadership and innovation in health care operations that impact the Army, Navy, Air Force, Defense Health Agency (DHA), and Veterans Affairs. While serving at the Navy Bureau of Medicine and Surgery (BUMED) over the past 18 months, she worked as Chief Innovation and Integration Officer, Chair of the Military Health Service (MHS) Virtual Health (VH) Working Group (WG), and Co-Chair of the Department of Defense (DoD)/Veterans Affairs (VA) Virtual Health WG.

As Navy's Virtual Health Chair, CAPT Riege designed, created, and established a formal program management office, collected measurable data, identified operational targets, hired staff, and implemented a Navy Strategic Plan. Her leadership and execution of a robust strategy led to sustained standardized VH capabilities throughout Navy Medicine. Her efforts resulted in a \$360M budget for FY19–23. The following programs highlight CAPT Riege's achievements, reflect her leadership and demonstrate her lasting impact on military health:

Connected Corpsmen in the Community (CCC), Virtual Visits, and Remote Support: CAPT Riege is dedicated to the federal health care mission and Active Duty Service Members (ADSM). Her notable achievements include CCC treating 2,111 ADSM and accumulating 893 Corpsmen care hours, Virtual Visits increasing by 163% (780K combined virtual visits and telephone consultations, and Teleradiology expanding by 23% to 298,752 encounters).

Virtual Medical Centers (VMC) and Tele-Critical Care (TCC): CAPT Riege led the effort to designate Naval Medical Center San Diego (NMCSD) as the first Navy VMC, which will specialize in Tele Critical Care (TCC)

and support Operational Virtual Care. As of FY18, more than 560 patients received 1,200 days of critical care coverage using TCC, with positive outcomes. Furthermore, her support to expand TCC with the Army and Air Force has provided over 600 encounters and 1,102 days of critical care coverage. Last year the Joint TCC cared for 234 patients with a cost avoidance of over \$250K per hospital. CAPT Riege's efforts improved the program design and delivery of services.

Health Experts OnLine Portal (HELP) and Pacific Asynchronous TeleHealth (PATH): CAPT Riege was instrumental in promoting these asynchronous programs. HELP recently expanded to more than 100 operational units in Europe and Africa. As of FY18, 390 medical evacuations were prevented (\$2.5M cost avoidance) and 485 network referrals were recaptured (\$506K direct cost savings). In FY19, they combined into the MHS Global Teleconsultation Portal.

Beyond BUMED, CAPT Riege led the Army, Air Force and Navy VH leaders to standardize DHA's VH projects. She successfully led efforts to obtain funding (\$327M budget for FY19–23) and establish seven strategic working groups to unify efforts into the DHA VH Clinical Integration Office and the VH Program Management Office.

Through CAPT Riege's leadership and exceptional collaboration efforts, the DoD and VA are working together on two VH training modules: Virtual-Presenter and Virtual-Provider. This will enable staff and providers from both agencies to utilize VH equipment. CAPT Riege identified shortfalls, devised VH solutions, and voluntarily took on additional responsibilities beyond her assigned duties. Through her foresight, innovative problem-solving, and dedication, medical treatment within the Army, Navy, Air Force, Defense Health Agency, and Veterans Affairs is evolving with modern advancements.



CAPT Riege with General (ret) Colin Powell during the award ceremony.

MSC WEBINAR SSG

LCDR JAMES LAGGER, MSC

Interpreting your Performance Summary Record, writing FITREPS for maximum impact, or planning the perfect retirement; these are officer skills that are essential to the long term success of the Medical Service Corps (MSC) Officer. These skills are normally learned through formalized training, personal experience, and the guidance of trusted mentors. Unfortunately, not all officers have sufficient access to these resources; budgetary constraints for training, isolated or joint duty billets and high operational tempos are but a few barriers. The MSC Webinar Strategic Goal Group (SGG) creates specialized, poignant and condensed packets of information that are intended to be used by MSC officers in all stages of their careers.

"The Webinars are designed to be useful to officers new to a topic, or as a quick refresher for those who may not have dealt with the subject in some time," said team member LCDR Aylsworth. The Webinar topics located on MilSuite are designed to supplement the ongoing mentoring and development of officers, not to replace it. "We have lots of great material floating around our organization on a variety of useful professional development topics. One of the things we are trying to do is obtain resources, standardize them, and place them in a common area, so all MSC Officers have a chance to benefit from them," stated LCDR James Lagger who currently is serving as the team leader. The Webinars are in PowerPoint format with audio narration created with the insight of subject matter experts and reviewed by the Corps Chief Office before publishing. The team, which consists of sixteen officers, represents a cross-section of our administrative, scientific, and clinical specialties; all who have volunteered their time off duty time to serve. LT Dennis Madden joined the team "because it's a unique opportunity to work with subspecialties outside of my community while providing useful re-

sources for the MSC. It also gives me a chance to develop and sharpen certain skills that will be useful in the future."

To date, nine webinars have been posted to MilSuite which have been viewed 1,017 times. Topics currently posted include FITREP Writing, Performance Summary Report, Officer Summary Record, mid-term counseling, reenlistment ceremonies, and tips for putting together a DUINS package. The screen capture below shows the exact location in MilSuite to discover these valuable resources. The SGG is always soliciting input from the field and senior leaders and can be reached via the MSC Corps Chief's Office or by contacting CDR Ojo at olaitan.f.ojo.mil@mail.mil or LCDR James Lagger at james.a.lagger.mil@mail.mil.

2019 MSC Webinar Team							
LCDR James Lagger - HCA				LCDR Phillip Dobbs - NAOP			
LCDR Joe Moralez - EHO				LCDR Sarah Bustamante - OPTO			
LCDR Ryan Aylsworth - ENTO				LCDR Adam Preston - OPTO			
LCDR Amanda Dillinger - IHO				LT Dennis Madden - NAOP			
LCDR Greg Gentry - IHO				LT Garrett Morgan - NAOP			
LCDR Alan Chronister - PHARM				LT John Engel - IHO			
LCDR Andrew Hunter - IHO				LT Gunjan Santiago - HCA			
LCDR Rachel Condon - PT				LT Rohan Jairam - EHO			

Location on MSC MilSuite

- [Career \(Fitreps, Promotion Board Material, Lineal Listings, Detailers Information, Assignments\)](#)
- [Conference Request Materials](#)
- [Corps Chief's Talking Points](#)
- [Corps Chief's VTC](#)
- [eMentor](#)
- [Leadership Notes](#)
- [MSC Career Roadmaps](#)
- [MSC Newsletter](#)
- [MSC Photos](#)
- [Navy Messages](#)
- [Polls](#)
- [Specialty Leader Information](#)
- [Strategic Goal Group](#)
- [Webinars](#)
- [LEAPS](#)

8	3	73	1	0	2	0	0	0
1	0	18	0	0	0	0	0	0
4	0	26	1	0	0	0	0	0
0	0	17	0	0	0	0	0	0
1	0	8	0	0	0	0	0	0
0	0	20	0	0	0	0	0	0
0	0	29	0	0	0	0	0	0
3	2	57	0	0	1	0	0	0
0	1	5	0	0	0	0	0	0
1	0	38	0	0	0	0	0	0
0	0	1	0	0	0	0	0	0
0	0	50	0	0	0	0	0	0
2	1	9	0	0	0	0	0	0
0	0	9	0	0	0	0	0	0
0	0	3	0	0	0	0	0	0

CUSTOMS AND HERITAGE

ARTICLE FROM THE "MEDICAL SERVICE CORPS BULLETIN,
DATED NOVEMBER 1991

BRAVO ZULU MSC SELRES

Submitted by RADM W. David Sullins, Jr., MSC, USNR

One of the common denominators of all the "lessons learned" experiences being studied in Washington, D.C., is that the Navy Reserves were a force in readiness for whatever our country and its Navy/Marine Corps needed. Of the Navy Reserve Force, the Medical Service Corps must be singularly recognized for their contributions.

The Medical Service Corps was the third largest officer corps to be recalled to active duty. (Nurse Corps - 1551; Medical Corps - 739; MSC - 347). We had officers in the Area of Responsibility (AOR) that were in command, executive officers, health planners, and in many significant and responsible positions. Indeed our reserve officers helped to increase the appreciation and respect shown our corps.

I want to take this opportunity to again say "Bravo Zulu" for a job well done by all our shipmates in our corps, and especially those reserves who measured up to what was expected of them as twice a citizen. "Make no mistake about it! We knew we would!"

For your information, here is the MSC SELRES recall breakdown: NDMS-68; FMF-18; MTF/DTF-211; TAH-1; FLT HOSP-40; Headquarters-9. Additionally, many voluntarily recalled MSC officers were at headquarters joint tours, Commandant of the Marine Corps, as well as MTF/DTF platforms.

Many of our shipmates distinguished themselves in many various ways. The recall/deployment ranges from several days to 10 months, with the average period of active duty being 4-5 months. We had 68 MSCs in the AOR and 279 in CONUS backfill billets. The SELRES MSC represents what our country cannot afford in time of peace and absolutely must have in times of war or confrontation.

I would like to commend and thank those individuals and commands who made our reserve colleagues feel welcome, appreciated and respected during the recall for Operation Desert Shield/Storm. I know everyone realizes we cannot be truly ready for any contingency without our SELRES MSC.

It never ceases to amaze me; that when everybody else is saying, "It's tough, things are bad, what are we going to do?" The best or most frequent answer is, "Get an MSC, they can do it!" What a legacy. Perhaps RADM Loar said it best with, "The strength to succeed."

**MSC Detailers**

CAPT Shane Vath (Senior MSC Detailer/HCC/Med Techs)

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CDR Steve Griesenbeck
(HCS/PAs)
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FROM THE DETAILERS

ORDERS RELEASE UPDATE:

Fiscal climate at Navy Personnel Command (PERS) remains healthy and PERS has been releasing PCS orders about 6 months prior to detach month.

Each officer has an integral part in the orders negotiation and release process. Essential to this process is timely response to specialty leader and detailer communications. After orders negotiation, your detailer enters or “proposes” your orders in an electronic system. Once proposed, the orders electronically route through 14 subject matter experts who review the order proposal to ensure accuracy and obligate funds. Being incomplete or delinquent in any review stage results in an order processing “all stop”. An example of a common all stop is having an expired Exceptional Family Member Program package. After orders are released officers are responsible for timely completion of specific billet requirements such as Overseas and Operational Screenings.

If you are one year or less away from your projected rotation date (PRD) and have not already begun discussing the PCS plan with your Specialty Leader and Detailer, please reach out to them to initiate communication.

LETTER'S OF INTENT (LOIs):

PERS no longer provides LOIs now that orders are being released 6-months prior to the detach month. Please discuss specific order release concerns with your detailer.

Updating Record:

Officers are responsible for ensuring their record is accurate and up-to-date. Utilize link below to access officer record management brief. This guide provides instructions and points of contact for updating your record. Detailers can only update some AQDs. Detailers do NOT have access or ability to update other sections of your record. Sending detailers anything other than AQDs will only delay record updating process. If no action/response can utilize My Navy Career Center, see below.

-Officer Record Management Guide:

<https://www.public.navy.mil/bupers-npc/officer/Pages/default2.aspx>

-MyNavy Career Center:

Phone: 1-833-330-MNCC (833-330-6622); MyNavy Career Center
Email: askmncc@navy.mil; MyNavy Portal: <https://my.navy.mil/>

Subspecialty Code Changes/Updates:

Contact MSC Planner, LT Andrea Watling, for assistance.
Phone: 703-681-5540 (DSN 761)
Email: andrea.m.watling.mil@mail.mil

RESERVE UPDATE

BY: CAPT MICHAEL J. MEDINA, MSC, USN
RESERVE AFFAIRS OFFICER, MEDICAL SERVICE CORPS

Reserve MSC Milbook (link to <https://www.milsuite.mil/book/groups/navy-reserve-medical-service-corps>)

SELRES Medical Officer Community Manager Page
(link to <https://www.public.navy.mil/bupers-npc/officer/communitymanagers/reserve/selres/Pages/RCMedical.aspx>)

Reserve Officer Promotion Page (link to
<https://www.public.navy.mil/bupers-npc/boards/reserveofficer/Pages/default.aspx>)

Reserve Force Manpower Tools (RFMT) (link to
<https://private.navyyreserve.navy.mil/apps/rfmt/#/>)



Bethesda, MD - Navy Reserve Physician Assistants complete NEMTI training working in Casualty Receiving. Pictured (L-R): CAPT Glenn Gaborko, LT Jessie Martin, LT Jennifer Turney, and CDR Frank MacDonald.

SPECIALTY SPOTLIGHT

AEROSPACE EXPERIMENTAL PSYCHOLOGY

History. In 1939, the Navy began assembling a team of civilian psychologists under the direction of Dr. John G. Jenkins to help reduce attrition among Student Naval Aviators. The team developed a battery of tests to help select the most promising candidates from among all of those who applied for aviation training. In the Spring of 1941, the Navy began commissioning these psychologists as Officers of the Volunteer Reserve so that they could continue development without interruption. The team completed initial test development shortly after the attack on Pearl Harbor, at which point the Navy began commissioning more psychologists to manage test administration. On 29 October 1942, BUMED stood up an Aviation Psychology Section under the recently commissioned LCDR Jenkins to manage the activities of these psychologists. Over the next three years, these aviation psychologists proved valuable beyond aviation selection, making important contributions to aviation training, human factors engineering, and human performance research and thus laid the foundation for the modern Aerospace Experimental Psychology community.

Today. The U.S. Naval Aerospace Experimental Psychologists are a team of 30 wing-wearing scientists who anticipate and respond to emerging challenges within and beyond the boundaries of Naval Aviation in areas of research, applied practice, and program management. The unique background and skillset of AEPs as both scientists and aeromedical officers provides a one-of-a-kind ability to address the myriad challenges facing today's military. AEPs are experts in:

- Human Systems Integration (HSI)
- Aviation Selection and Training



- Human Factors and Safety Analysis
- Research, Development, Testing, & Evaluation (RDT&E)
- Advanced Medical Technologies
- Modeling and Simulation
- Virtual Environments
- Individual & Team Performance
- Operational Neuroscience
- Systems Acquisition
- Program Management

As aeromedical officers, AEPs perform a critical function as a conduit between fleet aviators and civilian scientists, groups who historically have difficulty effectively interacting. By speaking the language of both, AEPs bring knowledge of the state of aeromedical and human performance science to discussions with fleet aviators and flight expertise to discussions with civilian scientists. Service in uniform, flight time, squadron presence, operational flight knowledge, and flight training are all critical for maintenance of AEP core capabilities.



"The U.S. Naval Aerospace Experimental Psychologists are a team of 30 wing-wearing scientists who anticipate and respond to emerging challenges within and beyond the boundaries of Naval Aviation in areas of research, applied practice, and program management. "

Aerospace Experimental Psychology

Subspecialty Code—1810
Billets -36
End Strength- 36
Reserve Billets—0
Reserve End Strength- 1



"AEPs will continue to be on the leading edge of shaping investments in RDT&E, leveraging our HSI, joint service, acquisition skills, and cross-domain expertise."

SPECIALTY SPOTLIGHT

AEROSPACE EXPERIMENTAL PSYCHOLOGY

Tomorrow: AEPs will continue to be on the leading edge of shaping investments in RDT&E, leveraging our HSI, joint service, acquisition skills, and cross-domain expertise. Projected focus areas include:

- Research and development on human-machine teaming for unmanned aerial systems, adaptive automation, and artificial intelligence technologies.
- Research, development, and implementation of distributed training technologies.
- Implementation and evaluation of medical modeling and simulation, medical decision making, medical acquisition efforts.
- Research and acquisition support for Integrated Warfighting Capability (IWC).
- Research and program support in domain of cyber warfare.
- Focused aviation human factors safety support to the fleet.
- Application of aviation human factors safety principles to medical treatment facilities and patient care.

You can learn more about the AEP community by visiting our website at www.navyaep.com where you can also find our community video.

Or, visit us on Milsuite: <https://www.milsuite.mil/book/groups/aerospace-experimental-psychology>



MSCS IN FOCUS



JBPHH, HI - Physical therapy department in Naval Health Clinic Hawaii receives the NHCH Semi-Annual Customer Service award. Pictured CAPT (sel) Eric Barnes, Optometrist/Director of Clinical Support Services; LCDR Brittany Jansen, Physical Therapist; and, CAPT Kimberly Zuzelski, Dietitian and Commanding Officer of Naval Health Clinic Hawaii.

Kandahar, Afghanistan - LT Jacob Corlew, Pharmacist, receives the Junior Officer of the Year award presented by CAPT Rick Freedman on 25 April 2019.



Ft Sam Houston, TX—Military and civilian personnel pose for a photo with BG Sharon R. Bannister, Deputy Assistant Director, J-7 Education and Training, during her visit in DMRTI. BG Bannister addressed the Public Health Emergency Management Course students and provided opportunity to meet with her individually during her visit. She also presented her coin and bid farewell to LT Vivienne Galasso, HCA, and recognized LT Gunjan Santiago, POMI, for her selection as the J-7 Company Grade Officer of 1st Qtr. Pictured (L-R): MSG Brennie Laracuente, CDR Darryl Sol, Nurse Corps; Ms. Linda Hill, Carolyn Everage, SFC Jarvis Hill, LT Galasso Vivienne, Brig Gen Sharon R. Bannister, LT Gunjan E. Santiago, HMCS Alma C. Dubois, SGT Miguel A. Torres, SFC Jose Hernandez, MSgt Isacc Concey, and Col Michael T. Charlton.

CHIEF INFORMATION OFFICERS AT NATO ROLE 3 MULTINATIONAL MEDICAL UNIT

BY: LCDR JEFFREY DIXON, MSC

KANDAHAR AIRFIELD, Afghanistan – Relieving a fellow 1803 as Chief Information Officer (CIO) of NATO Role 3 Multinational Medical Unit is more like passing the baton to and getting it from someone you know and trust. The Information Management/Information Technology (IM/IT) community has been supporting the technology needs of Role 3 by deploying 1803s with specialized training in both health care administration and information technology. These MSC Officers bring a unique set of skills to the operational environment where they understand both the criticality of cybersecurity and the specific needs of health care providers.

The IM/IT community is one where continuing education, adaptability, and support from other 1803s in the community is a high priority for CIOs across the globe. The constant changes in technology and drive to deliver optimum care is an equation these specialists are solving together on a daily



LCDR Jeffrey Dixon and LT Asa Schaefer conducting CIO turnover at the NATO Role 3 MMU April 2019.

basis. In the IM/IT community, there isn't a person of rank or level of experience who is exempt from reaching out to another 1803 for support, even during deployment.

In an environment where medical is a tenant to operational Commands, the CIO at a Role 3 facility acts a liaison to deliver requirements that aren't always understood outside the medical community. In order to have a "medically ready force and a ready medical force" CIO's must strive to bridge technological requirements for medicine with operational require-

ments that are not always understood. Capabilities will be challenged by tactical network policy and need for a more agile approach to getting medicine to the warfighter anytime, anywhere, and any place.

The Role 3 hospital is a prime example of the need for Health Care CIOs who can deliver solutions to enable the mission in any type of environment on any type of network. The deployment is a challenging opportunity where 1803s get to test their skills, expand their knowledge, and make a visible difference daily. This community will play a vital role in operational medicine of the future. The term "Combat CIO" has become an appropriate title given by the current Role 3 Commanding Officer, CAPT Rick Freedman, which describes the CIO position at Role 3 both figuratively and literally.

DEFENSE INSTITUTE FOR MEDICAL OPERATIONS (DIMO) MEDICAL PLANNERS COURSE - AFRICAN LION (AL) 2019

BY: LT GUNJAN E. SANTIAGO, MSC

In late March, DIMO hosted the Basic Medical Planner Course in Agadir, Morocco with the primary objective to train Joint Task Force (JTF) HQ medical staff personnel on the role of medical planning in crisis situations, such as destabilization effects during Counter Violent Extremist Organizations operations. The course provided material instruction and training for deliberate planning, applying a framework of a medical support plan in collaboration with the host nation medical forces.

US Armed Forces, Royal Moroccan Forces and the Tunisian Armed Forces in addition to participants from Spain, UK and Canada took part in a Combined Joint Task Force Command Post Exercise focused on extremist organizations, border security challenges, transnational threats, cyber security and defense, and regional cooperation.

Working with the Army medical planners in the JTF Surgeon's cell was one of the most unique experiences in my Naval career. What made it even more interesting was the exchange of information and assistance from our Moroccan planners and providers while going through scenarios involving NEO and HA. After a few minutes on the

first day, the lively atmosphere in the compound (of course, over Moroccan tea and coffee) proved that despite service, nationality, language and cultural barriers, we in uniform, possess the ability to lead change, fight any terrorism that exists and collaborate globally.

<https://www.dvidshub.net/feature/AfricanLion>

\Live Long And Prosper//



Lt Col Micaela Lewis (USAF), LT Gunjan Santiago (USN), CPT Brandon Jackson (USA) with Moroccan Healthcare Providers and Planners at the African Lion 2019, Medical Planners Course

MSCS IN FOCUS



Pensacola, FL - LCDR Micah Kinney, Aerospace Optometrist, stationed at NAMRU-D in Dayton, Ohio, sets up the Vision Research Device (VRD) at NAMI in Pensacola, FL. for a collaborative effort to study the effects of pilot performance with reduced monocular vision. This research study seeks to establish scientific evidence on whether vision standards can be altered or not for experienced pilots with reduced vision in one eye from trauma or disease. Other active duty investigators include CAPT Matt Rings, NAMI Aerospace Ophthalmologist; CAPT Kevin McGowan, NAMI Aerospace Optometrist; and LCDR Kyle Dohm, NAMI Aerospace Optometrist.

Pensacola, FL - LCDR Brent Collins, Aerospace Optometrist, poses for a photo with his family at the National Naval Aviation Museum at Naval Air Station Pensacola, FL. LCDR Brent Collins became the 33rd Naval Aerospace Optometrist since 1989, earning his aeromedical wings of gold on 12 April 2019 after six months of intense training. He was the class leader for a group of aeromedical officers that included several flight surgeons and one physician assistant. His follow on tour will be at NAS Lemoore, CA.



USS Dwight D Eisenhower (CVN 69) - Medical Department MSCs pose for a photo onboard the CVN 69. Pictured (L-R): LT Stephen Kahn, HCA; LT Stephen Grist, Physical Therapist; LT Greg Regts, Psychologist; LT James Franks, Radiation Health Officer; and LT Carolan Whitney, Physician Assistant.

MSCS IN FOCUS



Camp Pendleton, CA - Naval Officers participate in Pacific Blitz 2019 in NEMTI , Camp Pendleton from March 10-27. Top picture (L-R): LT Pat McGuire, POMI/BUMED; CDR Jo Kitchens, POMI/NMETLC; LCDR George Brand, Nurse Corps/NEMTI ; CDR George Coan, POMI/NECCPAC; and, LCDR Tony Skrypek POMI/CNE-CNA-C6F. Bottom picture: EMF established at NEMTI supporting Pacific Blitz 2019—the first time ever in a Naval integrated exercise.



Grapevine, TX- 27 Medical Technologist and Deputy Director MSC attended the annual The Society of American Federal Medical Laboratory Scientists (SAFMLS) and Clinical Laboratory Management association (CLMA) Knowledge lab from 30 March-3 April 2019. Back row (L-R) - ENS Malaguiok, Amelil , LCDR Jornacion, Rey, LT Duque, Rodolfo, LTJG Moreno, Dennis, HM2 Rabbit, Eric, CAPT Fahie, Roland, LT Orr, Michael, LT Wallace, Michelle, LT Gramling, Carrie, LT Murrish, Daniel, LTJG Tittel, Sasha, LT Barrantes, Juan, ENS Maritim, Stanley, LCDR(sel) Randels, Amanda, LCDR(Sel) Mize, Kenneth, LT Neuroth, Michelle Front row (L-R) - LTJG Canoy, Alfred, LT Mangahas, Roberto, LTJG Cubelo, Reiner, ENS Ortiz, Apolinar, CDR Gaskin, Adrian, LT Auckland, Beth, ENS Dorman, Michelle, LT Ramirez, Fae, CDR Milavec(SL) Stacie , ENS Min, Tun, CDR Tetreault, Todd, CAPT land, Kimberly (Deputy Dir MSC)

MSCS IN FOCUS



Kandahar, Afghanistan - Top left picture: MSC Officers at NATO Role 3 Multination Medical Unit, Kandahar, Afghanistan. Pictured (L-R): LT David Lester, HCA; LT Jacob Corlew, Pharmacist; LCDR Emerson Mutuc, HCA/Logistics; CAPT Gordon Blighton, HCA; LT Natasha Meadow, HCA/Patient Admin; LT Raymond Blasi, Physical Therapist; LCDR Jason Campbell, Laboratory Officer; and, LCDR Jeffrey Dixon, HCA/IT. Top right picture (L-R): LCDR Jeffrey Dixon receives training on a .50 caliber machine gun before heading to Kandahar, Afghanistan. Bottom left picture: Camp McGregor, NM - Medical Service Corps Officers prepare for deployment at Camp McGregor, NM. Bottom right picture: MSCs hanging in their homemade Zen garden. Pictured L-R: LT David Lester, LCDR Jason Campbell, LCDR Jeffrey Dixon, LT Raymond Blasi, LT Natasha Meadows, CAPT Gordon Blighton, LT Jacob Corlew, and LCDR Emerson Mutuc.

HIGH RELIABILITY ORGANIZATIONS AT THE LEWIS E ANGELO PROFESSIONAL SYMPOSIUM (LEAPS) BY: LCDR ADAM PRESTON, MSC

High reliability organizations (HRO) are organizations that operate in complex, high-hazard domains for extended periods without serious accidents or catastrophic failures. The concept of high reliability is attractive for health care, due to the complexity of operations and the risk of significant and even potentially catastrophic consequences when failures occur. The principles of high reliability go beyond standardization; it is a condition of persistent mindfulness within an organization. HROs cultivate resilience by relentlessly prioritizing safety over other performance pressures (AHRQ, 2019). Medical Service Corps officers are uniquely situated to implement HRO practices into the Military Health System, as we are able to leverage our clinical, scientific, and administrative skills to affect change. This year, the Medical Service Corps HRO Strategic Goal Group held our FIRST annual poster session during the Lewis E. Angelo Professional Symposium (LEAPS) which is held in conjunction with the American College of Healthcare Executives (ACHE) Congress on Healthcare Leadership.



Fellow MSC showcased eight amazing posters at LEAPS, highlighting projects that displayed best practices from the division level through the Enterprise level. A panel of MSC judges (clinical, administrative, and scientific) selected one Clinical and one Non-Clinical poster winner, evaluating each project's depth of research, sustainability, visual presentation, and data sources. A big BRAVO ZULU to this year's Poster Winners, for Clinical, CDR Alice Moss and the team from FT Belvoir presented "Streamlining the Pharmacy Discharge Medication Reconciliation Process," and for this year's Non-Clinical Poster Winners LCDR Heather Neumeyer and the team from U.S. Naval Hospital Guam presented, "Increasing Guam's Cod-ed ED Encounters".

All posters submitted were top-notch and demonstrated a significant impact to Navy Medicine. The remaining competitive poster submissions included the following in the Clinical category: "Reducing Opioid Prescribing in the ED" submitted by USNH Guantanamo Bay, "Improving Weight-Based Pediatric Prescribing" by NHCL Hawaii, and "The Glasses Loaner Library" NBHCL Groton. In the Non-Clinical category: "HRO Principles: Medical Services Accounts Compliance" by USNH Guam, "Electronic Document Management Program" by Navy Medicine West, and "HRO Journey to Zero Harm" by NHCL Hawaii. All poster submissions can be found on the Navy MSC High Reliability Organizations MILSUITE Site Discussion Board:

<https://www.milsuite.mil/book/groups/navy-msc-high-reliability-organizations-hro>

MSC High Reliability Organization (HRO) Strategic Goal Group Survey is Now Open

Navy Medicine has embarked upon a journey to become a Highly Reliable Organization. It is essential all MSCs (clinicians, scientists, and administrators) possess an understanding of the tenets of High Reliability and how they can be employed in everyday operations whether you are in Operational, MTF, or a Staff tour of duty. The MSC Strategic Goal Group for High Reliability is requesting your assistance in completing a five minute survey to help us assess the level of knowledge and the application of High Reliability Tenets in our Corps. Please take the 5 minute HRO online survey. The information received will help us develop tools and programs to support the employment of HRO with the Corps. Thank-you.

<https://surveys.max.gov/index.php/568416?lang=en>

We look forward to seeing your submissions next year for the LEAPS Poster Session (even if you can't attend in person)! Keep an eye out in "The Rudder" for the MSC Strategic Goals Group HRO Corner where High Reliability and Continuous Process Improvement projects from around our Medical Service Corps will be highlighted monthly.

MSCS IN FOCUS



Chicago, IL - Naval Officers attend the Lewis E. Angelo Professional Symposium (LEAPS) in conjunction with the American College of Healthcare Executives (ACHE) Congress on Healthcare Leadership. Top picture: RADM Terry Moulton, Deputy Surgeon General (DSG), and RDML Anne Swap, MSC Director, joined by Naval Officers in attendance at LEAPS 2019. Middle left (L-R) - LT Marieesther Kiedrebeogo, HCA; LCDR Dawn Walker, HCA; ENS Antoinette Saunders, HCA; ENS Shannette Bryan, HCA. Middle Right (L-R): RADM Terry Moulton, DSG; LT Kamalan Selvarajah, HCA; LT Temi Ayeni, HCA. Bottom Left (L-R)- LCDR Tracy Cumberbatch, HCA; LT Sarah Cosgrove, HCA; LCDR Jessica Woody, HCA; LT Megan Hinton, HCA. Bottom right (L-R): 2019 LEAPS Committee Members - LT Michael Sokolowski, HCA; LT Temi Ayeni, HCA; LT Megan Hinton, HCA; LT Sarah Cosgrove, HCA; LT Kamalan Selvarajah, HCA; LT Debbie Ball, HCA; LCDR Amanda HCA; ENS Jamie Davis, HCA; LCDR Michael Schwartz, HCA; LCDR Eugene Smith, HCA.

MSCS IN FOCUS



Hampton, VA - Officers and enlisted personnel honored for their contributions to public health during the 2019 Navy and Marine Corps Public Health Conference. The conference titled, "The Future of Naval Force Health Protection in a Changing Landscape," was hosted by the NMCPHC in Hampton, Virginia on March 26-28, 2019. NMCPHC is the Navy's go-to resource for providing instrumental guidance on public health related issues with programs that directly impact the mission readiness of U.S. Navy and military personnel at home and around the globe. Top left picture: The nine awardees pose for a photo during the conference. Top right picture: RADM Terry Moulton, Deputy Surgeon General (DSG), Bureau of Medicine and Surgery, delivers his opening remarks with CAPT Todd Wagner, Commander, Navy and Marine Corps Public Health Center (NMCPHC), during the conference. Middle left picture (L-R): MCPO Marsha Burmeister, Command Master Chief, Navy and Marine Corps Public Health Center (NMCPHC); CAPT Wagner, and RADM Moulton present LT Christopher Olson the 2018 Environmental Health Officer of the Year award. Middle right picture: MCPO Burmeister, CAPT Wagner, and RADM Moulton present LT Andrew Hoy the 2018 Radiation Health Officer of the Year award. Bottom left picture: MCPO Burmeister, CAPT Wagner, and RADM Terry Moulton present LCDR Jeffrey Hertz the 2018 Entomologist of the Year award. Bottom right: MCPO Burmeister, CAPT Wagner, and RADM Terry Moulton present LCDR Nicholas Schaal the 2018 Industrial Hygiene Officer of the Year award.

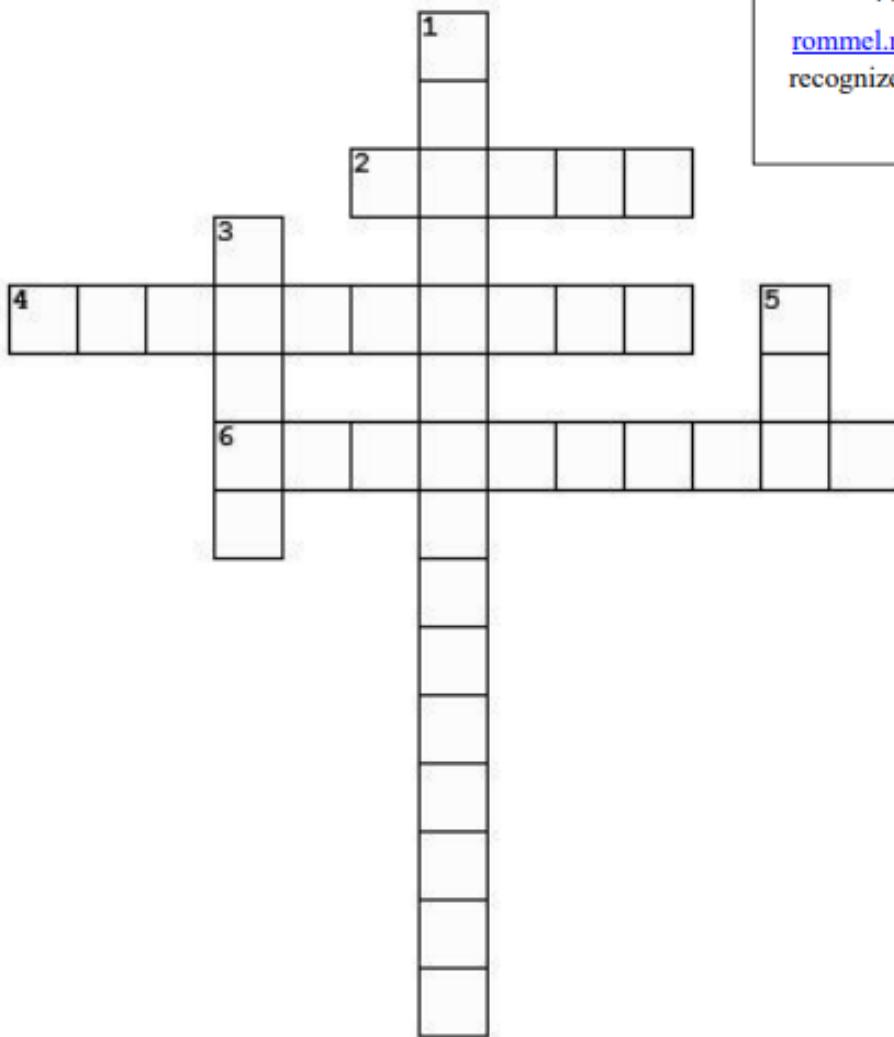
April 2019 Crossword Puzzle

By: LT Rommel R. Rabulan

Answers do not contain punctuations, symbols, or spaces

Across:

2. A partnership between Uniformed Services University of the Health Sciences (USU) and the Armed Services to provide an opportunity for highly-motivated, academically promising, enlisted Service members to obtain a medical degree. (Hint: abbreviated)
4. Students will remain on _____ for the duration of the program. (Hint: does not contain spaces)
6. Is a _____ month advanced educational program. (Hint: spelled out, does not contain symbols or spaces)



Down:

1. Governing instruction regarding program (Hint: abbreviated, does not contain punctuations or spaces)
3. Selectees must obligate service for _____ months from the convening date of the program. (Hint: spelled out)
5. _____ will define and fund tuition and associated academic costs. (Hint: abbreviated)

***Scan and email your answers to
rommel.r.rabulan@navy.mil. The winner will be recognized on the next edition of The Rudder.***



March 2019 Crossword Puzzle

WINNER: LT Richard E. Thatcher, MSC, USN

Down

1. A version of the Union Jack flew in harbors around the world as the _____ circumnavigated the globe. (Hint: No spaces)

ACROSS

3. All U.S. Navy ships shall display the Union Jack IAW with section 1259 of reference (a) beginning at morning colors on _____ . (Hint: No spaces)

2. The Union Jack is a flag consisting of _____ white stars, on a blue background.

6. The date for reintroduction of the Union Jack
commemorates the greatest naval battle in history:
_____. (Hint: No spaces)

4. As of 4 June 2019, the only warship authorized to fly the First Navy Jack is _____ . (Hint: No spaces)

5. NPC Message, Return to Flying the Union Jack
(Hint: No spaces and or symbols)



U.S. NAVY MEDICAL SERVICE CORPS

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The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most diverse Officer Corps in Navy Medicine with 31 specialties organized under three major categories: Healthcare Administrators, Clinical Care Specialties, and Healthcare Scientists. There are over 3,000 active and reserve MSC officers that serve at Military Treatment Facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.

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MANY SPECIALTIES - ONE CORPS!

